



**Credit Card Balance Transfer Request Form**

Name of Creditor: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

**PLEASE FAX FORM TO (202)208-4023 / EMAIL [GSAFCU.GSA.GOV](mailto:GSAFCU.GSA.GOV)  
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